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| (Address) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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B. BOSTICK

JAN 1 0 2014

EXAMINER

COVER LETTER

Registration Section **Division of Corporations** Sassy Sweethearts Boutique, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Shadow Ellis (Contact Person) Sassy Sweethearts Boutique, Ilc (Firm/Company) 19706 Angel Ln Odessa, Fl. 33556 (City/State and Zip Code) For further information concerning this matter, please call: 667-1711 Shadow Ellis (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

TO:



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | nited liability company as it ap / Sweethearts Boutique | ~ | lorida D | epartme | nt - |
|---|--|-------------------------------|---------------|-------------|---------|
| 2. This limited liability company was organized und Florida | | er the laws of: | FELL AND S | 2913 D≥€ 3 | |
| 3. The Florida docum L1300006176 | ent/registration number of this | limited liability company is: | SECTORE | 30 Fi 6: 01 | • |
| 4. I, Carmen Goodwin | | , hereby resign as a Manager | | | |
| (Print Name of Person Resigning) | | () | (Print Title) | | - |
| resignation in white | ty company and affirm the lim | | en notif | ied of m | у |
| Filing Fee: | \$25.00 (Required) | | | | |
| Certified Copy: | \$30.00 (Optional) | | | | |